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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	NIDN-10427
First Named Inventor	K. Briley-Saebo
COMPLETE IF KNOWN	
Application Number	10 / 018,018
Filing Date	To be assigned
Group Art Unit	To be assigned
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Magnetic Resonance Imaging

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **05/22/2000**

as United States Application Number or PCT International

Application Number **PCT/GB00/01963** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
9911937.2	Great Britain	05/21/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0007869.1	Great Britain	03/31/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB00/01963	05/22/2000	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to represent me in the Patent and Trademark Office connected therewith: Customer Number **22840** Bar Code Label
22840

Registered practitioner(s) name/registration number listed below Enter here

Name	Registration Number	Name	PATENT & TRADE MARK REGISTRATION NUMBER

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number **22840** OR Correspondence address below

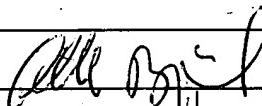
Name				
Address				
Address				
City		State		ZIP
Country		Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any) Karen				Family Name or Surname Briley-Saebo			
Inventor's Signature	<i>Karen Briley Saebo</i>				Date	25.2.02	
Residence: City		State		Country	NO	Citizenship	US
Post Office Address	Nycomed Imaging AS, Nycoveien 1-2						
Post Office Address	N-0401 Oslo Norway NOX						
City		State		ZIP		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Atle			Bjornerud			
Inventor's Signature					Date	3/4/02
Residence: City		State	Country	NO	Citizenship	NO
Post Office Address	Olaf Bulls vei 46					
Post Office Address	N-0765 Oslo Norway NOX					
City		State	ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Daniel			Nanz			
Inventor's Signature					Date	
Residence: City		State	Country	CH	Citizenship	CH
Post Office Address	Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse					
Post Office Address	CH-8091 Zuerich Switzerland					
City		State	ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Dominik			Weishaupt			
Inventor's Signature					Date	
Residence: City		State	Country	CH	Citizenship	CH
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Post Office Address	CH-8091 Zuerich Switzerland					
City		State	ZIP		Country	

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Atle		Bjornerud					
Inventor's Signature					Date		
Residence: City		State		Country	NO	Citizenship	NO
Post Office Address	Nycomed Imaging AS, Nycoveien 1-2						
Post Office Address	N-0401 Oslo Norway						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Daniel		Nanz					
Inventor's Signature	<i>D. Nanz</i>				Date	01/03/02	
Residence: City		State		Country	CH	Citizenship	CH
Post Office Address	Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse						
Post Office Address	CH-8091 Zuerich Switzerland <input checked="" type="checkbox"/>						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Dominik		Weishaupt					
Inventor's Signature					Date		
Residence: City		State		Country	CH	Citizenship	CH
Post Office Address	Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse 100						
Post Office Address	CH-8091 Zuerich Switzerland						
City		State		ZIP		Country	

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Inventor's Signature						Date	
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Given Name (first and middle [if any])			Family Name or Surname				
Daniel			Nanz				
Inventor's Signature						Date	
Residence: City		State		Country	CH	Citizenship	CH
Post Office Address	Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse						
Post Office Address	CH-8091 Zuerich Switzerland						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Dominik			Weishaupt				
Inventor's Signature						Date	28/2/02
Residence: City		State		Country	CH	Citizenship	CH
Post Office Address	Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse 100						
Post Office Address	CH-8091 Zuerich Switzerland CH						
City		State		ZIP		Country	

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